

ALAMEDA UNIFIED SCHOOL DISTRICT
Excellence & Equity For All Students



Educational Services
2060 Challenger Drive
Alameda, CA 94501

Student Voluntary Waiver, Release, and Indemnity Agreement
(form is required to be completed for Out of State/Out of Country Field Trips)

(read carefully before signing)

I, Leon Tuason, hereby affirm that I have voluntarily enrolled "the student,"
(parent's/guardian's first name and last name)
Jennifer Tuason, in National High School Model U.N.,
(student's first name and last name) (description of field trip)
conducted from 3/8/2023 through 3/13/2023 by ETS Model UN : in
New York (name of company conducting trip)
(location)

Mode of Transportation (District Approved)

☒ The student will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Parent/Guardian)

☐ The student will not use the District approved transportation. The student's parent/guardian will be providing the student's transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with the student's participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall the student. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of the student's safety. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that participation in the trip by the student is not an educational requirement for any course of study which the student is presently pursuing or may pursue in the future.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the

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Educational Services
2060 Challenger Drive
Alameda, CA 94501

students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/Guardian's signature: *Lionel Luna*

Date: 1/18/23

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Educational Services
2060 Challenger Drive
Alameda, CA 94501

Parent/Guardian Informed Consent for Field Trip

School: ENCINAL HIGH SCHOOL

Teacher: PABARCUS

Room #: 4102

Date(s) of field trip: March 8-13, 2023

Time of departure (leaving from school): 6am 3/8 - SFO

Time of arrival (returning to school): 5pm 3/13 - SFO

Destination/venue name: National High School Model United Nations

Destination/venue phone #: New York Hilton Midtown 212-586-7000

Destination/venue address (include city & state): 53rd ST. & Avenue of the Americas, NY, NY
1335 6th AVE

Student's last name: TUASON

Student's first name: JENNIFER

Student's cell phone #: 415 (510) 566-6136

Student's home address (include city & state): 1513 LINCOLN AVE. ALAMEDA, 94501, CA

Transportation Mode

☐ Chartered bus

☒ Commercial transport (city bus/BART/ferry/etc.)

☐ District vehicle

☐ Private vehicle

Lodging Information

Hotel name: New York Hilton Midtown

Hotel address (include city & state): 1335 6th AVE, NY, NY

Hotel phone #: 212-586-7000

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through SL. More information regarding this coverage is included in your parent handbook. You can enroll online at www.studentinsuranceusa.com.

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A special note to Parents/Guardians regarding prescription medication/drugs:

1. All prescription medication/drugs must be registered on this form;
2. All prescription medication/drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
3. ☐ Check and initial here if there are health/medical concerns that the staff should be aware of, and if any prescription medication/drugs are required during the field trip*;
**If your student has a health/medical concern, kindly attach a description of that concern to this form.*
4. If prescription medication/drugs are to be taken by the student, list them here:

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers,

agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

I understand that COVID-19 is a highly contagious virus. I understand that my student must adhere to the protocols of Alameda Unified as well as County, State and Federal COVID-19 guidelines when participating in a District event. I further understand that as a parent/guardian, I fully assume all risks related in any way to COVID-19 for my students attendance or participation in District events, and hereby agrees to Indemnify, defend, and hold harmless the district, its officers, employees, and agents (collectively "AUSD") from and against any and all injuries, losses or damages, costs, expenses, claims, lawsuits, judgments, and/or liabilities (including attorney fees) arising directly or indirectly from, or related in any way to, any claims made by or on behalf of any individual(s) for bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19. Users themselves also hereby release, waive and discharge any claims, demands, damages, expenses, losses or liabilities (including attorney fees) against AUSD for any injury, illness, death or monetary loss relating in any way to COVID-19 in connection with participation in this event.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/guardian's name (please print first name and last name): Leon Tuason

Parent's/guardian's cell phone #: (510) 508-2223

Parent's/guardian's work phone #: (510) 377-0310

Parent's guardian's home phone #: (510) 865-0891

Parent's guardian's email address: tuason28@comcast.net

Medical Insurance Carrier: Kaiser Permanente

Medical Policy #: 12118146

Emergency contact's name (please print first name and last name): Leon Tuason

Emergency contact's cell phone #: (510) 508-2223

Parent's/guardian's name (please print first name and last name): Leon Tuason

Parent's/guardian's signature: Leon Tuason Date: 1/18/23

Parent's/guardian's signature reflects their knowledge and approval of the field trip described above. This form must be returned to the school before the student can participate in the activity.

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Educational Services
2060 Challenger Drive
Alameda, CA 94501

Parent/Guardian Informed Consent for Field Trip

School: ENCINAL HIGH SCHOOL

Teacher: PABARCUS

Room #: 4102

Date(s) of field trip: March 8-13, 2023

Time of departure (leaving from school): 6am 3/8 - SFO

Time of arrival (returning to school): 5pm 3/13 - SFO

Destination/venue name: National High School Model United Nations

Destination/venue phone #: New York Hilton Midtown 212.586.7000

Destination/venue address (include city & state): 53rd ST. x Avenue of the Americas, NY, NY
1335 6th AVE

Student's last name: TIGAS

Student's first name: KYRENE ANGELICA

Student's cell phone #: (510) - 345 - 8883

Student's home address (include city & state): 535 BUENA VISTA AVE APT 210 ALAMEDA CA 94501

Transportation Mode

☐ Chartered bus

☒ Commercial transport (city bus/BART/ferry/etc.)

☐ District vehicle

☐ Private vehicle

Lodging Information

Hotel name: New York Hilton Midtown

Hotel address (include city & state): 1335 6th AVE, NY, NY

Hotel phone #: 212.586.7000

**STAMP
MONEY OUT
OF POLITICS**
MoveOn.org/stamp #GETMONEYOUT
TRACK THIS BILL & GET INFO STAMP.ME/MON

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through SI. More information regarding this coverage is included in your parent handbook. You can enroll online at www.studentinsuranceusa.com.

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A special note to Parents/Guardians regarding prescription medication/drugs:

1. All prescription medication/drugs must be registered on this form;
2. All prescription medication/drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
3. ☒ KT Check and initial here if there are health/medical concerns that the staff should be aware of, and if any prescription medication/drugs are required during the field trip*;
***If your student has a health/medical concern, kindly attach a description of that concern to this form.**

4. If prescription medication/drugs are to be taken by the student, list them here:

ASTHMA INHALER

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

I understand that COVID-19 is a highly contagious virus. I understand that my student must adhere to the protocols of Alameda Unified as well as County, State and Federal COVID-19 guidelines when participating in a District event. I further understand that as a parent/guardian, I fully assume all risks related in any way to COVID-19 for my students attendance or participation in District events, and hereby agrees to indemnify, defend, and hold harmless the district, its officers, employees, and agents (collectively "AUSD") from and against any and all injuries, losses or damages, costs, expenses, claims, lawsuits, judgments, and/or liabilities (including attorney fees) arising directly or indirectly from, or related in any way to, any claims made by or on behalf of any individual(s) for bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19. Users themselves also hereby release, waive and discharge any claims, demands, damages, expenses, losses or liabilities (including attorney fees) against AUSD for any injury, illness, death or monetary loss relating in any way to COVID-19 in connection with participation in this event.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/guardian's name (please print first name and last name): EVELYN TIGAS

Parent's/guardian's cell phone #: (510)-935-5491

Parent's/guardian's work phone #: _____

Parent's guardian's home phone #: _____

Parent's guardian's email address: evelynb.tigas@gmail.com

Medical Insurance Carrier: UNITED HEALTHCARE

Medical Policy #: 93894940

Group #: 710539

Emergency contact's name (please print first name and last name): STEPHEN TIGAS

Emergency contact's cell phone #: (415) 604-7806

Parent's/guardian's name (please print first name and last name): EVELYN B. TIGAS

Parent's/guardian's signature: [Signature] Date: 01/18/2023

Parent's/guardian's signature reflects their knowledge and approval of the field trip described above. This form must be returned to the school before the student can participate in the activity.

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Student Voluntary Waiver, Release, and Indemnity Agreement
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(read carefully before signing)

I, EVELYN B. TIGAS, hereby affirm that I have voluntarily enrolled "the student,"
(parent's/guardian's first name and last name)
KYRENE ANGELICA B. TIGAS, in National High School Model U.N.;
(student's first name and last name) (description of field trip)
conducted from 3/8/2023 through 3/13/2023 by ETHS Model UN : in
New York (name of company conducting trip)
(location)

Mode of Transportation (District Approved)

☐ The student will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Parent/Guardian)

☐ The student will not use the District approved transportation. The student's parent/guardian will be providing the student's transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with the student's participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall the student. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of the student's safety. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that participation in the trip by the student is not an educational requirement for any course of study which the student is presently pursuing or may pursue in the future.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

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students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/Guardian's signature: *EP Tigra*

Date: 01/18/2023

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Educational Services
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Alameda, CA 94501

Parent/Guardian Informed Consent for Field Trip

School: ENCINAL HIGH SCHOOL

Teacher: PABARCUS

Room #: 4102

Date(s) of field trip: March 8-13, 2023

Time of departure (leaving from school): 6am 3/8 - SFO

Time of arrival (returning to school): 5pm 3/13 - SFO

Destination/venue name: National High School Model United Nations

Destination/venue phone #: New York Hilton Midtown 212.586.7000

Destination/venue address (include city & state): 53rd St. x Avenue of the Americas, NY, NY
1335 6th AVE

Student's last name: Morgan

Student's first name: Isabella

Student's cell phone #: (510) 409-1221

Student's home address (include city & state): 1204 Bay Street, Alameda, CA 94501

Transportation Mode

☐ Chartered bus

☒ Commercial transport (city bus/BART/ferry/etc.)

☐ District vehicle

☐ Private vehicle

Lodging Information

Hotel name: New York Hilton Midtown

Hotel address (include city & state): 1335 6th AVE, NY, NY

Hotel phone #: 212.586.7000

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through SI. More information regarding this coverage is included in your parent handbook. You can enroll online at www.studentinsuranceusa.com.

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A special note to Parents/Guardians regarding prescription medication/drugs:

1. All prescription medication/drugs must be registered on this form;
2. All prescription medication/drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
3. ☐ Check and initial here if there are health/medical concerns that the staff should be aware of, and if any prescription medication/drugs are required during the field trip*;
**If your student has a health/medical concern, kindly attach a description of that concern to this form.*
4. If prescription medication/drugs are to be taken by the student, list them here:

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers,

agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

I understand that COVID-19 is a highly contagious virus. I understand that my student must adhere to the protocols of Alameda Unified as well as County, State and Federal COVID-19 guidelines when participating in a District event. I further understand that as a parent/guardian, I fully assume all risks related in any way to COVID-19 for my student's attendance or participation in District events, and hereby agree to indemnify, defend, and hold harmless the district, its officers, employees, and agents (collectively "AUSD") from and against any and all injuries, losses or damages, costs, expenses, claims, lawsuits, judgments, and/or liabilities (including attorney fees) arising directly or indirectly from, or related in any way to, any claims made by or on behalf of any individual(s) for bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19. Users themselves also hereby release, waive and discharge any claims, demands, damages, expenses, losses or liabilities (including attorney fees) against AUSD for any injury, illness, death or monetary loss relating in any way to COVID-19 in connection with participation in this event.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/guardian's name (please print first name and last name): Samantha Morgan

Parent's/guardian's cell phone #: (415) 215-4088

Parent's/guardian's work phone #: _____

Parent's guardian's home phone #: _____

Parent's guardian's email address: alamedamorgans@gmail.com

Medical Insurance Carrier: _____

Medical Policy #: _____

Emergency contact's name (please print first name and last name): Samantha Morgan

Emergency contact's cell phone #: (415) 215-4088

Parent's/guardian's name (please print first name and last name): Samantha Morgan

Parent's/guardian's signature: Sam Morgan Date: 01/23/23

Parent's/guardian's signature reflects their knowledge and approval of the field trip described above. This form must be returned to the school before the student can participate in the activity.

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Student Voluntary Waiver, Release, and Indemnity Agreement
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(read carefully before signing)

I, Samantha Morgan, hereby affirm that I have voluntarily enrolled "the student,"
(parent's/guardian's first name and last name)

Isabella Morgan, in National High School Model U.N.,
(student's first name and last name) (description of field trip)

conducted from 3/8/2023 through 3/13/2023 by ETS Model UN : in
(name of company conducting trip)

New York
(location)

Mode of Transportation (District Approved)

☐ The student will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Parent/Guardian)

☐ The student will not use the District approved transportation. The student's parent/guardian will be providing the student's transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with the student's participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall the student. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of the student's safety. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that participation in the trip by the student is not an educational requirement for any course of study which the student is presently pursuing or may pursue in the future.

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students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/Guardian's signature: 

Date: 01/23/23

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Educational Services
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Parent/Guardian Informed Consent for Field Trip

School: ENCINAL HIGH SCHOOL

Teacher: PABARCUS

Room #: 4102

Date(s) of field trip: March 8-13, 2023

Time of departure (leaving from school): 6am 3/8 - SFO

Time of arrival (returning to school): 5pm 3/13 - SFO

Destination/venue name: National High School Model United Nations

Destination/venue phone #: New York Hilton Midtown 212.586.7000

Destination/venue address (include city & state): 53rd ST. & Avenue of the Americas, NY, NY

Student's last name: ~~Alison~~ Jensen 1335 6th AVE

Student's first name: Alison

Student's cell phone #: (650)-686-0148

Student's home address (include city & state): 1514 Linden St Alameda, CA

Transportation Mode

☐ Chartered bus

☒ Commercial transport (city bus/BART/ferry/etc.)

☐ District vehicle

☐ Private vehicle

Lodging Information

Hotel name: New York Hilton Midtown

Hotel address (include city & state): 1335 6th AVE, NY, NY

Hotel phone #: 212.586.7000

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

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**If your student has a health/medical concern, kindly attach a description of that concern to this form.*
4. If prescription medication/drugs are to be taken by the student, list them here:

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I understand that COVID-19 is a highly contagious virus. I understand that my student must adhere to the protocols of Alameda Unified as well as County, State and Federal COVID-19 guidelines when participating in a District event. I further understand that as a parent/guardian, I fully assume all risks related in any way to COVID-19 for my students attendance or participation in District events, and hereby agrees to indemnify, defend, and hold harmless the district, its officers, employees, and agents (collectively "AUSD") from and against any and all injuries, losses or damages, costs, expenses, claims, lawsuits, judgments, and/or liabilities (including attorney fees) arising directly or indirectly from, or related in any way to, any claims made by or on behalf of any individual(s) for bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19. Users themselves also hereby release, waive and discharge any claims, demands, damages, expenses, losses or liabilities (including attorney fees) against AUSD for any injury, illness, death or monetary loss relating in any way to COVID-19 in connection with participation in this event.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/guardian's name (please print first name and last name): Ryan Jensen

Parent's/guardian's cell phone #: (510)-846-8322

Parent's/guardian's work phone #: N/A

Parent's guardian's home phone #: (510)-316-8107

Parent's guardian's email address: Ryan.jensen18@gmail.com

Medical Insurance Carrier: Kaiser Permanente

Medical Policy #: 12085741

Emergency contact's name (please print first name and last name): Vickie Monize

Emergency contact's cell phone #: (510)-388-6661

Parent's/guardian's name (please print first name and last name): Ryan Jensen

Parent's/guardian's signature: [Signature] Date: 1/22/23

Parent's/guardian's signature reflects their knowledge and approval of the field trip described above. This form must be returned to the school before the student can participate in the activity.

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Student Voluntary Waiver, Release, and Indemnity Agreement
(form is required to be completed for Out of State/Out of Country Field Trips)

(read carefully before signing)

I, Ryan Jensen, hereby affirm that I have voluntarily enrolled "the student,"
(parent's/guardian's first name and last name)
Ryan Jensen, in National High School Model U.N.,
(student's first name and last name) (description of field trip)
conducted from 3/8/2023 through 3/13/2023 by ETS Model U.N. in
(name of company conducting trip)
New York.
(location)

Mode of Transportation (District Approved)

☐ The student will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Parent/Guardian)

☐ The student will not use the District approved transportation. The student's parent/guardian will be providing the student's transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with the student's participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall the student. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of the student's safety. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that participation in the trip by the student is not an educational requirement for any course of study which the student is presently pursuing or may pursue in the future.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the

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students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/Guardian's signature: _____

Date: 1/22/23

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Parent/Guardian Informed Consent for Field Trip

School: ENCINAL HIGH SCHOOL

Teacher: PABARCUS

Room #: 4102

Date(s) of field trip: March 8-13, 2023

Time of departure (leaving from school): 6am 3/8 - SFO

Time of arrival (returning to school): 5pm 3/13 - SFO

Destination/venue name: National High School Model United Nations

Destination/venue phone #: New York Hilton Midtown 212.586.7000

Destination/venue address (include city & state): 53rd ST. AVENUE of the Americas, NY, NY
1335 6th AVE

Student's last name: Smith

Student's first name: William

Student's cell phone #: 510 - 846 - 7698

Student's home address (include city & state): 927 Pacific Ave Alameda, California

Transportation Mode

☐ Chartered bus

☒ Commercial transport (city bus/BART/ferry/etc.)

☐ District vehicle

☐ Private vehicle

Lodging Information

Hotel name: New York Hilton Midtown

Hotel address (include city & state): 1335 6th AVE, NY, NY

Hotel phone #: 212.586.7000

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through SL. More information regarding this coverage is included in your parent handbook. You can enroll online at www.studentinsuranceusa.com.

(page 1 and page 2 must be completed prior to submitting this form)

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A special note to Parents/Guardians regarding prescription medication/drugs:

1. All prescription medication/drugs must be registered on this form;
2. All prescription medication/drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
3. ☐ _____ Check and initial here if there are health/medical concerns that the staff should be aware of, and if any prescription medication/drugs are required during the field trip*;
**If your student has a health/medical concern, kindly attach a description of that concern to this form.*
4. If prescription medication/drugs are to be taken by the student, list them here:

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

I understand that COVID-19 is a highly contagious virus. I understand that my student must adhere to the protocols of Alameda Unified as well as County, State and Federal COVID-19 guidelines when participating in a District event. I further understand that as a parent/guardian, I fully assume all risks related in any way to COVID-19 for my students attendance or participation in District events, and hereby agrees to indemnify, defend, and hold harmless the district, its officers, employees, and agents (collectively "AUSD") from and against any and all injuries, losses or damages, costs, expenses, claims, lawsuits, judgments, and/or liabilities (including attorney fees) arising directly or indirectly from, or related in any way to, any claims made by or on behalf of any individual(s) for bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19. Users themselves also hereby release, waive and discharge any claims, demands, damages, expenses, losses or liabilities (including attorney fees) against AUSD for any injury, illness, death or monetary loss relating in any way to COVID-19 in connection with participation in this event.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/guardian's name (please print first name and last name): Marnie Curry

Parent's/guardian's cell phone #: 510-846-1314

Parent's/guardian's work phone #: _____

Parent's guardian's home phone #: _____

Parent's guardian's email address: marniecurry@comcast.net

Medical Insurance Carrier: Kaiser

Medical Policy #: Finn's # MR - 12098689

Emergency contact's name (please print first name and last name): Steve Smith (father)

Emergency contact's cell phone #: 510-846-1534

Parent's/guardian's name (please print first name and last name): Marnie Curry

Parent's/guardian's signature: Marnie W. Curry Date: 1/17/23

Parent's/guardian's signature reflects their knowledge and approval of the field trip described above. This form must be returned to the school before the student can participate in the activity.

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Student Voluntary Waiver, Release, and Indemnity Agreement
(form is required to be completed for Out of State/Out of Country Field Trips)

(read carefully before signing)

I, Marmie Curry, hereby affirm that I have voluntarily enrolled "the student,"
(parent's/guardian's first name and last name)
William Smith, in National High School Model U.N.,
(student's first name and last name) (description of field trip)
conducted from 3/8/2023 through 3/13/2023 by ETS Model UN: in
New York,
(name of company conducting trip) (location)

Mode of Transportation (District Approved)

☐ The student will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Parent/Guardian)

☐ The student will not use the District approved transportation. The student's parent/guardian will be providing the student's transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with the student's participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall the student. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of the student's safety. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that participation in the trip by the student is not an educational requirement for any course of study which the student is presently pursuing or may pursue in the future.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

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students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/Guardian's signature: _____

Date: _____

Miriam W. Chen
1/17/23